

<i>SERFF Tracking Number:</i>	<i>HRCN-125622237</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38821</i>
<i>Company Tracking Number:</i>	<i>AR IL-A13200</i>		
<i>TOI:</i>	<i>A02.1G Group Annuities - Deferred Non-Variable and Variable</i>	<i>Sub-TOI:</i>	<i>A02.1G.002 Flexible Premium</i>
<i>Product Name:</i>	<i>On-line enrollment form</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: On-line enrollment form SERFF Tr Num: HRCN-125622237 State: ArkansasLH

TOI: A02.1G Group Annuities - Deferred Non-Variable and Variable SERFF Status: Closed State Tr Num: 38821

Sub-TOI: A02.1G.002 Flexible Premium Co Tr Num: AR IL-A13200 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Wes Romanotto, Rita

Rowe, Dorothy Ruppert

Date Submitted: 04/29/2008

Disposition Date: 05/16/2008

Implementation Date Requested: On Approval

Disposition Status: Approved

State Filing Description:

Implementation Date:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 05/16/2008

State Status Changed: 05/16/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

IL-A13200 – [XYZ School] [403(b)] Group Annuity Enrollment Form

The above listed enrollment form is being submitted for your review and approval. It is a new form and does not replace any form previously approved in your state. No part of this form contains any unusual or controversial items from normal company or industry standards.

<i>SERFF Tracking Number:</i>	<i>HRCN-125622237</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>/</i>		

This form will be used with previously approved group annuity products. It has been completed in “John Doe” fashion with variable material enclosed in brackets. A statement of variability is included with this submission.

This form will be printed through our online enrollment process accessed via the web and located on www.horacemann.com. In order for a proposed participant to access this online enrollment process, they must first receive a unique access code provided either by Horace Mann or their employer. If a proposed participant does not know their access code, we include a utility in the online enrollment process for them to request their access code via either e-mail or U.S. mail. They will be unable to continue until the access code is provided.

After their access code is input, we request the proposed participant’s social security number and require that they read and attest to our Participant Agreement. This agreement requires them to attest that all information provided is full, complete and true and that they agree that their access code and social security number can be recognized as their electronic signature. We also let them know they have access to all forms completed through the online enrollment process and they can cancel the process at anytime by hitting the cancel button located on each screen.

Through the enrollment process, the proposed participant will provide all of the information that is necessary for the business to be underwritten. Detailed descriptions of the product in which they are enrolling, prospectus, fund descriptions, and fund performance are provided to the proposed participant for review. We require that they attest to reading the product description and that the prospectuses were provided for review.

Once the enrollment process is complete, an e-mail is sent to our underwriting area notifying them of a completed enrollment. All information collected through the online enrollment process is housed in a database on a secure server located at Horace Mann. Only those people who are involved in the underwriting process have access to this information and use this information to generate a PDF copy of the enrollment form. Audit reports are generated on a daily basis to validate that the information housed in our data base matches the enrollment form available for printing. When the enrollment process is completed the participant can print a copy of the enrollment forms for their records. A copy of the enrollment form is also included with their certificate.

A contract number will not be assigned to the proposed participant until the underwriting process begins. It will be provided to them with their certificate.

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Filing Company:	Horace Mann Life Insurance Company	State Tracking Number:	38821
Company Tracking Number:	AR IL-A13200		
TOI:	A02.1G Group Annuities - Deferred Non-Variable and Variable	Sub-TOI:	A02.1G.002 Flexible Premium
Product Name:	On-line enrollment form		
Project Name/Number:	/		

Company and Contact

Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator	rower1@horacemann.com
1 Horace Mann Plaza	(217) 788-5703 [Phone]
Springfield, IL 62715-0001	(217) 535-7197[FAX]

Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code:	Company Type: Life, Accident/Health, Annuity, Credit
Springfield, IL 62715-0001	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$0.00	04/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7700211245	\$50.00	04/28/2008

<i>SERFF Tracking Number:</i>	<i>HRCN-125622237</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	05/16/2008	05/16/2008

<i>SERFF Tracking Number:</i>	<i>HRCN-125622237</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>On-line enrollment form</i>		
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Disposition

Disposition Date: 05/16/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-125622237 State: Arkansas

Filing Company: Horace Mann Life Insurance Company State Tracking Number: 38821

Company Tracking Number: AR IL-A13200

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: On-line enrollment form

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Statement of variability		Yes
Supporting Document	Readability certification		Yes
Form	[XYZ School] [403(b)] Group Annuity Enrollment Form		Yes

SERFF Tracking Number: HRCN-125622237 State: Arkansas

Filing Company: Horace Mann Life Insurance Company State Tracking Number: 38821

Company Tracking Number: AR IL-A13200

TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable

Product Name: On-line enrollment form

Project Name/Number: /

Form Schedule

Lead Form Number: IL-A13200

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	IL-A13200	Application/	[XYZ School] [403(b)]Initial Enrollment Group Annuity Form			50	IL-A13200 base on-line enrollment form.pdf

Horace Mann Life Insurance Company

1 Horace Mann Plaza
Springfield, Illinois 62715-0001
1-800-999-1030

[XYZ School] [403(b)] Group Annuity Enrollment Form

A. Employer information

DMC identification (PIN) # [123456789] List bill group # [12-369]

B. Participant information

Name	[John Doe]	Gender	[Male]	Social Security #	[123456789]
Marital status	[Married]	Telephone	[123-456-7890]	Occupation/code	[Teacher/01]
Birth date	[01/01/1973]				
Street address	[123 Main Street] [Suite 405] [P.O. Box 60]				
City	[Anytown]	State	[IL]	Zip code	[12345]
Email address	[client@horacemann.com]				

C. Product information

Tax type [403(b)]	Product	[M&E/Rider fee]
	[Group Variable Annuity]	0.95%
	[Elected Riders: Premium Bonus]	0.00%
	Guaranteed Minimum Death Benefit Riders	
	Return of Premium	0.05%
	Return of Premium with [XX]% Interest	0.00%
	[XX] Year Step-up with Return of Premium	0.00%
	Return of Premium with [XX]% Interest & [XX] Year	
	Step-up with Return of Premium	0.00%
	Total	1.00%

D. Payment information

[Employee (pre-tax) contributions per pay	[\$100]	Payment frequency	[Quarterly]]
[Employer contributions per pay	[\$50]	Payment frequency	[Semi-annual]]
[Designated Roth (post-tax) contributions per pay	[\$150]	Payment frequency	[Quarterly]]

E. Allocation information

[Investment option	Percentage	Investment option	Percentage
Lifecycle		Large Company Growth	
62 Wilshire VIT 2010 Conservative	000%	33 AllianceBernstein Large Cap Growth	000%
61 Wilshire VIT 2010 Moderate Fund	000%	23 Fidelity VIP Growth SC2	000%
60 Wilshire VIT 2010 Agg Fund	000%	13 Wilshire Large Co Growth	000%
63 Wilshire VIT 2015 Moderate Fund	000%	Mid-size Company Value	
64 Wilshire VIT 2025 Moderate Fund	000%	56 AllianceBernstein Small/Mid Cap Val	000%
65 Wilshire VIT 2035 Moderate Fund	000%	37 Ariel Appreciation Fund	000%
66 Wilshire VIT 2045 Moderate Fund	000%	Mid-size Company Core	
Large Company Value		22 Fidelity VIP Mid Cap SC2	000%
27 Davis Value Portfolio	000%	31 Rainier Small/Mid Cap Equity	000%
55 T Rowe Price Equity Inc Port VIPII	000%	Mid-size Company Growth	
14 Wilshire Large Co Value	000%	48 Delaware VIP Gro Opportunities	000%
01 Wilshire VIT Equ Fund	000%	34 Putnam VT Vista Fund	000%
Large Company Core		54 Wells Fargo Advantage VT Disc	000%]
12 DJ Wilshire 5000 Index Portfolio	000%		
20 Fidelity VIP Growth & Income SC2	000%		
21 Fidelity VIP Index 500 SC2	000%		

[Investment option	Percentage	Investment option	Percentage
Small Company Value		Real Estate	
36 Ariel Fund	000%	58 Cohen & Steers VIF Realty Fund	000%
53 Royce Capital Fund Small Cap	000%	Bond Options	
15 Wilshire Sm Co Value	000%	25 Fidelity VIP High Income SC2	000%
Small Company Core		26 Fidelity VIP Inv Grade Bond SC2	000%
50 Goldman Sachs Structured Small	000%	03 Wilshire VIT Income	000%
32 Neuberger Berman Genesis Fund	000%	04 Wilshire VIT Short Term	000%
Small Company Growth		Balanced	
57 Alliance Bernstein VPS Sm Cap Gro	000%	02 Wilshire VIT Balanced	100%
52 Delaware VIP Trend Series	000%	Money Market	
09 Wilshire VIT Sm Cap Gr	000%	59 T Rowe Price Prime Reserve	000%
International		Fixed Options	
24 Fidelity VP Overseas SC2	000%	900 General Fixed Account	000%
08 Wilshire VIT Intl Equ	000%	905 05-year Guarantee Period Account	000%
Specialty		907 07-year Guarantee Period Account	000%
07 Wilshire VIT Soc Resp	000%	910 10-year Guarantee Period Account	000%
		Total	100%]

F. Beneficiary information

Your beneficiary is your estate. You may name a new beneficiary by completing a Beneficiary Designation Form and sending it to Horace Mann Life Insurance Company.

G. Fraud notice

[Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

H. Acknowledgement and authorization

[I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to dollar amount.]

[I understand that values payable under the contract may be subject to a market value adjustment if they are withdrawn prior to the end of a guarantee period.]

I hereby authorize Horace Mann Life Insurance Company or Horace Mann Investors, Inc. to hold any money(ies) received if the enrollment form is not complete and until such time as the enrollment form is made complete.

I used an access code and my Social Security number to electronically sign this enrollment form and to consent to electronic delivery of the following documents provided at the time of enrollment:

[Product description	Prospectus	Texas TRS Form
Product disclosure	Contract summary	Buyer's guide]
<p><input checked="" type="checkbox"/> During the enrollment process I consented to receive future copies of [the prospectuses and] annual and semi-annual reports electronically. By providing this consent, I agreed to the following terms and conditions:</p> <p>I consent to receive the documents I requested in an electronic format. I understand that you will verify my request for electronic delivery by sending an e-mail to the address I submitted. I understand that I will receive an e-mail notification at the e-mail address I submitted which: (1) specifies the documents available for review and downloading or printing; and (2) contains links to the viewing site. I understand that I can request U.S. Mail delivery of paper copies of the specified documents, free of charge, by contacting the Customer Care Center or calling 800-999-1030, Monday through Friday from 7 a.m. until 7 p.m. CST. I understand that my electronic delivery choice remains in effect until and unless I change it or whenever e-mails to me are returned undelivered after multiple attempts. I confirm that I have access to e-mail, the Internet, and a computer capable of viewing and downloading documents in HTML. I understand that I will not be charged for electronic document delivery; however, I may incur the usual charges of my Internet Service Provider.</p>		

I understand that I may update my e-mail address or change my options at any time by logging in to the Customer Care Center, entering a contract number, and re-clicking the “eDelivery” link.]

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<i>Product Name:</i>	<i>On-line enrollment form</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: HRCN-125622237 State: Arkansas
Filing Company: Horace Mann Life Insurance Company State Tracking Number: 38821
Company Tracking Number: AR IL-A13200
TOI: A02.1G Group Annuities - Deferred Non- Sub-TOI: A02.1G.002 Flexible Premium
Variable and Variable
Product Name: On-line enrollment form
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice 04/24/2008
Comments:
Attachment:
Arkansas Certification of Compliance (000017).pdf

Review Status:

Bypassed -Name: Application 04/24/2008
Bypass Reason: Not applicable
Comments:

Review Status:

Bypassed -Name: Life & Annuity - Acturial Memo 04/24/2008
Bypass Reason: Not applicable
Comments:

Review Status:

Satisfied -Name: Statement of variability 04/24/2008
Comments:
Attachment:
Base Statement of Variability IL-A13200.pdf

Review Status:

Satisfied -Name: Readability certification 04/29/2008
Comments:
Attachment:
Readability Certification.pdf

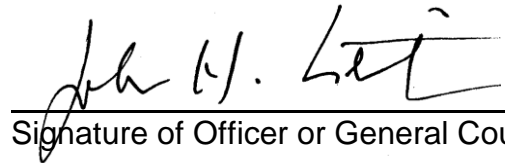
STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

CARRIER Horace Mann Life Insurance Company

FORM TITLE(S) [XYZ School] [403(b)] Group Annuity Enrollment Form

FORM NUMBER(S) IL-A13200

I hereby certify that to the best of my knowledge and belief the above form submission complies with the laws, rules and regulations of the State of Arkansas.



Signature of Officer or General Counsel

John Leitermann, ASA, MAAA
Name

Vice President
Title and/or Business Affiliation

4/29/08
Date

**HORACE MANN LIFE INSURANCE COMPANY
1 HORACE MANN PLAZA
SPRINGFIELD, ILLINOIS 62715**

**Statement of Variability
[XYZ School] [403(b)] Group Annuity Enrollment Form
Form IL-A13200
March 6, 2008**

Title

The title of the form will identify the group name and the tax designation of the group annuity for which the participant is enrolling.

A. Employer information

“DMC Identification Number (PIN)” and “List Bill Group #” are company identifiers that are unique to each group and will be completed for the participant.

B. Participant information

Each of the variable fields is unique to the participant.

C. Product information

Tax type – This field will reflect the tax designation the group annuity for which the participant is enrolling.

Product – At this time, the product name will be either “Group Variable Annuity” or “Group Fixed Annuity.” However, we may want to include a marketing name at some point in the future. Additionally, we would like the ability to add any new products as they become available in your state. We will include an updated copy of the enrollment form with any new group product filing, reflecting the product being added.

Elected Riders – All available riders are shown in this section; however, only the riders elected by the participant will print. If no riders are elected by the participant, no rider text will print. We will remove any riders that are no longer marketed. We will add any new riders as they become available in your state.

M&E/Rider fee – This heading will not appear for the group fixed annuity. When the product is a group variable annuity, the M&E/Rider fee heading will appear. The amounts shown in these fields will be unique for each group.

D. Payment information

All available contribution types are shown; however, only the types applicable to the participant will print. The amount for each contribution and payment frequency will vary according to each participant.

E. Allocation information

This section identifies the investment options that are available for participant election. Only the investment options chosen by the participant will print. If new investment options become available or if existing investment options become unavailable, we will modify this section accordingly.

G. Fraud Notice

Only the fraud notice applicable to the state in which the group contract was written will appear in the fraud notice section. If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.

H. Acknowledgement and authorization

The first paragraph will only print when the enrollment form is used to solicit variable products; it will not print for fixed products.

Statement of Variability
[XYZ School] [403(b)] Group Annuity Enrollment Form
Form IL-A13200
March 6, 2008

The second paragraph will only print if guarantee period accounts are available for election by the participants in a group. If guarantee period accounts are not available, this section will not print.

The bracketed information in the fourth paragraph reflects the types of forms the participant is agreeing to receive electronically. Only the form types that are applicable to your state, the product marketed, the tax type, and if necessary, any other forms that may be required due to the participant's elections will be listed. If new form types are necessary, we will list them in this paragraph.

The last three paragraphs of this section will only print if the client elects to receive future copies of the prospectuses and annual and semi-annual reports electronically. For our fixed product, the phrase "the prospectuses and" will not print. If the participant declines receipt of electronic versions of these items, these paragraphs will not print.

Footer

The number of total pages will change depending on how much text prints for the completed enrollment form.

Horace Mann Life Insurance Company
1 Horace Mann Plaza
Springfield, Illinois 62715-0001
Certification for Flesch Readability Test Score

A. Option Selected

- ☒ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is 50.
- ☐ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Score for the policy and each form are indicated below.

Forms and Form Numbers to which Certification is Applicable.

<u>Form</u>	<u>Form Number</u>	<u>Flesch Score</u>
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Test option selected

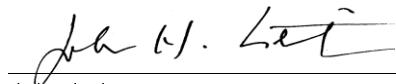
- B. ☒ 1. Test was applied to entire forms(s).
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

C. Standard for Certification

A checked block indicates the standard has been achieved.

- ☒ 1. The policy text achieves a higher than the minimum score as required by state regulations on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

This certification must be signed by an officer of the insurer.



John Leitermann

Vice President
Officer's Title

Date: April 24, 2008